

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582051

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7	1					
8		6				
9		7				
10		8				
11		9				
12		10				
13		11				
14		12				
15		13				
16		14				
17		15				
18		16				
19	1					
20		17				
21		18				
22		19				
23		20				
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47		44				
48		45				
49		46				
50		47				
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						